

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 176-61732										
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____ Name: _____</p>												
<p>In re Application of Gigliotti et al.</p> <table border="1"> <tr> <td>Application Number 10/584,871</td> <td>Filed 12/31/2004</td> </tr> <tr> <td colspan="2">For POLYPEPTIDES AND IMMUNOGENIC CONJUGATES CAPABLE OF INDUCING ANTIBODIES AGAINST PATHOGENS, AND USES THEREOF</td> </tr> <tr> <td>Group Art Unit 1645</td> <td>Examiner S. Devi, Ph.D.</td> </tr> </table>			Application Number 10/584,871	Filed 12/31/2004	For POLYPEPTIDES AND IMMUNOGENIC CONJUGATES CAPABLE OF INDUCING ANTIBODIES AGAINST PATHOGENS, AND USES THEREOF		Group Art Unit 1645	Examiner S. Devi, Ph.D.				
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Group Art Unit 1645	Examiner S. Devi, Ph.D.											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>												
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td>\$ 65</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td>\$ _____</td> </tr> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.     </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li><input checked="" type="checkbox"/> attorney or agent of record.</li> <li><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</li> </ul> <p style="text-align: center;">_____ Tate L. Tischner/ _____ Signature _____ Date _____ _____ Tate L. Tischner _____ (585) 263-1363 _____ Typed or printed name _____ Telephone Number _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ 65	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____
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